ENTRY BLANK PLEASE TYPE OR PRINT Entered previous May Show yes no Ms. Lehnert Thompson Mr. Artist __ (Last Name Last) Permanent 7357 Sylvan Dr. Kent Address _ City Street 44240 Tel. (21)6 Area Code Zip **Temporary** Address. Street City Zip Area Code Portage Permanent address is in what county? Born in Cuyahoga County

Yes

No Collaborator _ If May Show entries are not accepted or not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address: **Special Instructions** When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until January 2, 1977.

The submission of objects will be construed as acceptance of all conditions printed in the entry information

Signature MMPAM SHAM

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1976 MAY SHOW

The Cleveland Museum of Art Cleveland, Ohio 44106

Dates for Pick-up of Objects

Museum Service Entrance 9:30 a.m. to 4:30 p.m., Monday through Saturday

Rejected Objects
November 15 through November 27

Accepted Objects

January 10 through January 15

It is understood that the Museum will have the right to dispose for its own account any object not called for by the dates listed.

Please keep address within this box for window envelope.

Name	- Thômpson Lehnert	
Address	7357 Sylvan Drive	
City & State	Kent, Ohio	Zip 1142110

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

ACCEPTANCE OR REJECTION NOTICE

This is your only receipt to claim your object(s). This notification

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Medium or Materials Acrylic
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